

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

FILING DATE

09/913955

AS FILED						AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.		DEP.				IND.		DEP.		IND.		DEP.			
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TOTAL															
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CLAIMS															

09/913955

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT